

Laparoscopic Colorectal (Bowel) Resection: Your Operation Explained

**Pan Birmingham
Cancer Network**

Patient Information 

Introduction

This leaflet should be read together with a leaflet which explains the specific bowel surgery you are about to undergo. This will have been offered to you by your consultant surgeon or clinical nurse specialist.

What is laparoscopic surgery?

An alternative to 'open' surgery is laparoscopic surgery. This is also known as 'minimally invasive' or 'keyhole' surgery.

The same part of your bowel (as described in your operation leaflet and discussed with your consultant surgeon) will be removed but this will not involve a large cut in your abdomen. Instead, four or five small cuts (5 to 10mm in length) are made in your abdomen into which small plastic tubes (ports) are inserted. Surgical instruments are passed through these ports to the inside of your abdomen. These instruments include a telescope and camera which allow the surgeon to see inside. A harmless gas is pumped into the abdomen to make this process easier. The diseased part of your bowel is then removed through a separate cut.

Not every patient can have laparoscopic surgery. Your consultant surgeon will discuss with you whether a laparoscopic approach is possible. Previous surgery, on the abdomen in particular, may mean that this approach is not possible.

Advantages of laparoscopic surgery

Having laparoscopic surgery means you are likely to:

- Have a shorter hospital stay (3 to 5 days)
- Have less pain after the operation
- Have smaller scars
- Be able to eat and drink again straight after surgery
- Be able to get out of bed sooner
- Recover from surgery more quickly
- Have a reduced risk and severity of wound infection.

After laparoscopic surgery

You will find that you are able to resume daily activities sooner than you may have anticipated. Your recovery will be quicker because you will feel more comfortable.

Many of the drips and tubes you have in place will be removed within the first 48 hours.

You can eat and drink and move around as soon as you feel able to do so (some patients do this on the day after surgery).

Nausea after this operation is common but can be treated with anti-sickness medication which you will be prescribed and the nurses will give to you if you request it.

Complications

In some cases, the operation can not be completed through the keyhole incisions and a decision will be made to open the abdomen in the traditional way. This is to ensure the safe removal of the bowel and that an adequate join of the remaining bowel can be made. If this does happen, it may mean a slightly longer recovery and hospital stay.

Anesthetic problems – Because of existing heart and lung problems, some patients can not tolerate certain aspects of keyhole surgery whilst under anesthetic, and therefore we have to convert to open surgery.

Injury to other organs in the abdomen – Another complication that can occur with laparoscopic surgery includes injury to other organs in the abdomen for example, the small bowel, bladder, ureters, or spleen. These can be caused during the operation.

Work

If you work, you may return when you feel ready and when your GP says you are fit enough. In the early period you may tire very easily, so it is important to gradually increase your activity before going back to work. You may be able to negotiate returning to work part-time if your employer agrees.

Driving

Your doctor (GP or hospital consultant) will tell you when it is safe for you to start driving again. You are advised to contact your insurance company and seek advice first.

Cancerbackup - Information in your language

Cancerbackup is the UK's largest cancer information charity, providing information, support and practical advice on all cancers, treatments and supportive issues: <http://www.cancerbackup.org.uk>

Cancerbackup's freephone helpline can now give information and support to people affected by cancer in more than 100 languages. People whose first language is not English can contact the specialist cancer information nurses on freephone **0808 800 1234**, who will then link in a relevant interpreter. There are also 12 additional freephone lines specifically for speakers of the most common community languages. Lines are open Monday to Friday 9am-8pm.

(Source: <http://www.cancerbackup.org.uk>)

Freephone numbers:

Arabic: 0808 800 0130

Hindi: 0808 800 0136

Bengali: 0808 800 0131

Polish: 0808 800 0137

Cantonese: 0808 800 0132

Punjabi: 0808 800 0138

English: 0808 800 1234

Turkish: 0808 800 0139

French: 0808 800 0133

Urdu: 0808 800 0140

Greek: 0808 800 0134

Vietnamese: 0808 800 0141

Gujarati: 0808 800 0135

About this information

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website: <http://www.birminghamcancer.nhs.uk>

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, and Patients and Carers from the following Trusts:

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